

LONDON BOROUGH OF CAMDEN	WARDS: All
REPORT TITLE System Transformation: North Camden Asthma Pilot	
REPORT OF Director of Integration for Camden, North Central London Integrated Care Board	
FOR SUBMISSION TO Health and Wellbeing Board	DATE 13 March 2024
<p>SUMMARY OF REPORT</p> <p>This paper provides an overview of progress of the North Camden Asthma Pilot which is an innovative multi-agency proposal concerning asthma pathways. An opportunity to showcase collaboration and challenge the partnership on how learning could be adopted elsewhere to deliver effective care.</p> <p>The Start Well Programme has initiated a series of pilot Community Children Group Asthma Consultations in North Camden aimed at enhancing asthma care for high-risk patients with poorly controlled asthma. This pilot builds upon the current Long-Term Condition Locally Commissioned Service ¹ (LTC LCS) model of care and seeks to involve the wider community in providing holistic, personalised care. This innovative pilot aligns with principles of neighbourhood working, emphasising collaboration and partnership between primary and secondary care, local authority, community organisations and patients.</p> <p>This proactive delivery of care strategy seeks to enhance asthma management among high-risk groups, enhance accessibility to specialist care, and reduce asthma-related hospital visits, ultimately enhancing health outcomes for children and young people (CYP) with asthma.</p> <p>Further detail is provided in the slide deck at Appendix A.</p> <p>Local Government Act 1972 – Access to Information</p> <p>No documents that require listing have been used in the preparation of this report.</p> <p>Contact Officer:</p> <p>Simon Wheatley Director of Integration, Camden borough, NCL ICB 4th floor, Central Wing, 250 Euston Road, NW1 2PG simon.wheatley2@nhs.net</p>	

¹ A locally commissioned service is additional support purchased from, and delivered on top of, the core GP contract

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RECOMMENDATION

1. The Health and Wellbeing Board is asked to note the contents of the report.

Signed:



Date: 01 March 2024

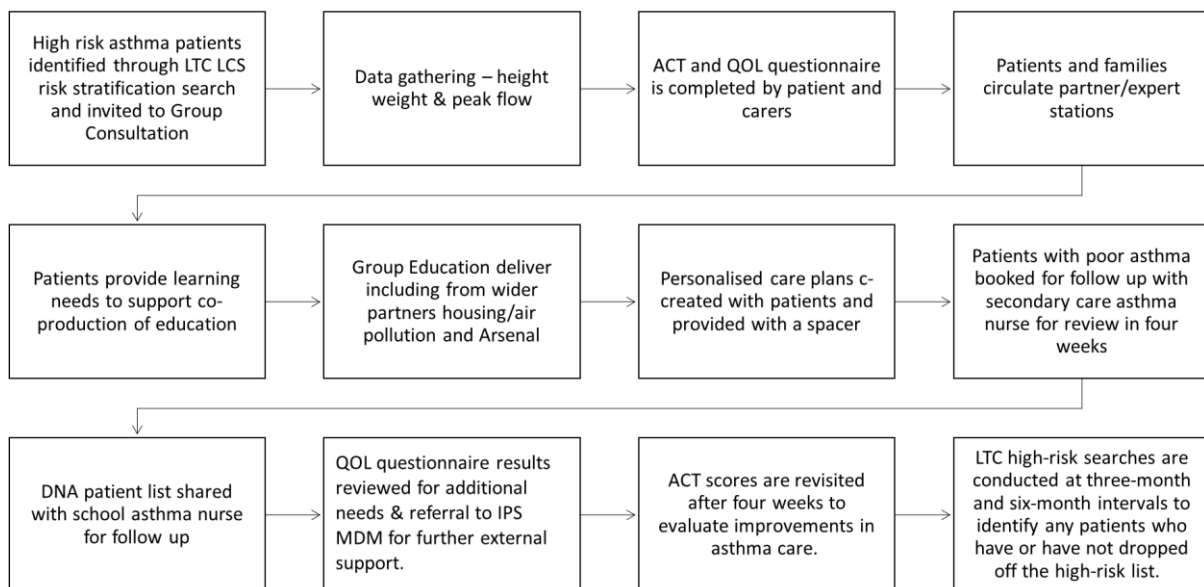
1. Purpose of Report

- 1.1. This report provides the Board with an overview of the progress on the Community Children Group Consultations in North Camden. The pilot is aimed at enhancing asthma care for high-risk patients with poorly controlled asthma.
- 1.2. Asthma is by far the most common long-term condition among CYP in Camden. In 2021, those aged 12–18 had a asthma prevalence of 4.5%, children aged 0–11 had a prevalence of 2.2% and young people aged 19–24 had 1.9% respectively. This pattern is broadly in line with the national asthma prevalence data. Addressing childhood asthma is part of the healthy and ready for school priorities within the Camden borough partnership's joint Health and Wellbeing strategy. One of the Start Well Priorities within the NCL Population Health & Integrated Care (PHIC) strategy is also focused on improving outcomes for CYP with Long term conditions. A&E attendances for asthma remain relatively high compared to other clinical causes and linked at least partially to poorer identification and management of asthma in children. Overall, the rate of emergency hospital admissions for young people with asthma has been decreasing.
- 1.3. Significant works takes place in Camden to support CYP with asthma. This includes the implementation of the National Bundle of Care for CYP with Asthma, a collaborative effort across the North Central London Integrated Care System (NCL ICB) and the Camden Children's Asthma Strategic Plan which sets out local priorities for addressing asthma in CYP. We were among the first boroughs to appoint a secondary care-based asthma nurse, underscoring our dedication to providing comprehensive support and developing integrated teams. Moreover, our Asthma-Friendly Schools model, has notable success, evidenced by the significant increase in school participation following the pilot program's funding by Camden Public Health Grant. We have been able to extend this project for a further two years to consolidate the work of the project and to further increase engagement across local schools. 37 of 54 schools are currently engaged; 200 school staff have been trained and we now have 38 asthma champions based in Camden schools. This ongoing initiative signifies our continued investment in promoting asthma-friendly environments within educational settings. Additionally, the Camden Asthma Steering Group plays a vital role in shaping our asthma management efforts. This multi-agency group brings together diverse local stakeholders who collaborate on initiatives which enhance support for children and young people with asthma in our community, such as tackling vaping among children, addressing air pollution, and dealing with mould and damp in local housing.
- 1.4. The Core20PLUS5 approach is a national NHS England approach to support the reduction of the health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerate improvement. The approach for Children and Young People is designed to support integrated care system to drive action in

health inequalities improvement and identifies as asthma as a core clinical area for targeted action to achieve this aim. By streamlining services and providing comprehensive expert care, particularly to vulnerable populations, we are working in Camden towards reducing inequalities in health outcomes. It is important to note that people living in the most deprived communities have a 50% higher death rate from avoidable causes compared to the NCL average. Respiratory diseases, such as asthma, stand out as one of the main underlying causes of premature death in Camden. To tackle health inequalities, the LTC LCS model of care includes weighted payments to GP practices for each patient living in the 20% most deprived areas and for every 'non-white British' ethnicity patient. This funding is specifically allocated to support outreach efforts to underserved communities, ensuring that resources are directed to where they are most needed.

- 1.5. Group education has demonstrated to improve healthcare for individuals with LTCs within the context of neighbourhood working. From enhancing patient engagement to fostering social support and peer learning, group education offers a multifaceted approach to LTC management. As integrated systems continue to evolve, integrating group education into care pathways presents an opportunity to optimise resources, empower patients, and improve health outcomes for those living with LTCs.
- 1.6. This pilot builds upon the current LTC LCS model of care and seeks to involve the wider community in providing holistic, personalised care, by integrating the insights and recommendations from the Fuller Stocktake Report, primary care initiatives such as group education can be further enhanced to promote community engagement, preventive care, and population health management. This comprehensive approach underscores the importance of neighbourhood working in healthcare as a key strategy for improving healthcare outcomes and addressing health inequalities at the local level.
- 1.7. High-risk asthma patients are identified using the LTC LCS risk stratification search criteria and are invited by their GP practice to participate in the community group consultation clinic. During these group clinics, comprehensive care is provided, including measurements of height, weight, and peak flows for annual asthma reviews, completion of the Asthma Control Test questionnaire (ACT) to assess recent asthma control, and administration of a Quality of Life (QOL) questionnaire to address broader health determinants. Patients engage with experts from various sectors while waiting for data collection, contributing to the content via co-production of educational sessions and participating in interactive workshops covering topics such as asthma care and inhaler usage. Co- production in education involves collaboratively creating content with both expert and patient. This model includes involving children and young people in decision-making, collaborating on content creation, empowering their voices, and supporting active learning. This approach promotes inclusivity, engagement, and better learning outcomes.
- 1.8. Representatives from the local authority address environmental factors like indoor air pollution and housing issues, offering mitigation strategies.

Personalised care plans and spacers are provided, and poorly controlled asthma patients undergo follow-up with a secondary care respiratory nurse. For non-attendees, follow-up is facilitated through the school asthma nurse. Results from the Quality of Life (QOL) questionnaire and Asthma Control Test (ACT) scores are reviewed for additional needs, with referrals to the Integrated Paediatric Service Multidisciplinary Meeting (IPS MDM). The model includes periodic assessments and searches to ensure continuous support and improvement in asthma care. This holistic approach reflects a collaborative effort among various stakeholders, illustrating a patient-centered care model grounded in partnership and neighbourhood collaboration.



1.9. This report is being presented to update the Board on this innovate local development and seek comments and approval on the direction of work and its potential impact on the evolving LTC LCS and neighbourhood working.

2. Background and context

- 2.1. Neighbourhood Working in Healthcare: The Fuller Stocktake Report, "Next Steps for Integrating Primary Care," outlines a transformative vision for primary care, emphasising a shift towards a local population health approach. This approach aims to reorient the health and care system by building neighbourhood teams, streamlining and improving access, and promoting preventive measures to help individuals stay healthy. By adopting this new framework, primary care services can better address the diverse needs of local communities and improve health outcomes across the population.
- 2.2. The management of long-term conditions (LTCs) poses significant challenges to healthcare. Addressing these challenges requires innovative approaches, and group education has emerged as a promising strategy.
- 2.3. This innovative pilot aligns with the principles of neighbourhood working in healthcare, emphasising collaboration and partnership between healthcare providers, local authority, community organisations, and patients. By building

neighbourhood teams, primary care can become more integrated and responsive to the unique health needs of each community, fostering a holistic approach to healthcare delivery.

- 2.4. Group education offers a multitude of benefits for patients. Firstly, it enhances patient engagement by fostering a collaborative environment where individuals actively participate in their care, facilitated by peer support and shared experiences. This involvement in decision-making processes promotes a sense of ownership over health outcomes. Secondly, group education allows for a holistic care approach, addressing various aspects of patients' lives beyond medical management, such as environmental factors like housing conditions and indoor air quality. By acknowledging the multifaceted nature of LTCs, patients are better equipped to address broader determinants of health. Moreover, group education serves as a platform for knowledge exchange and skill-building, enabling participants to learn from healthcare professionals and each other, ultimately leading to improved self-management and health outcomes. Additionally, the opportunity for social support and peer learning within the group setting provides emotional support, alleviates feelings of isolation, and fosters a sense of belonging, thereby enhancing overall well-being and treatment adherence. Lastly, group education has been shown to be a cost-effective approach to LTC management, optimising healthcare resources by reducing duplication, ultimately leading to reduced healthcare utilisation and hospital admissions, resulting in cost savings for healthcare systems.

3. Progress on delivering Community Children Group Asthma Consultations in North Camden

- 3.1. We have delivered one of seven of the pilot Community Children Group Asthma Consultations in North Camden. This new pilot builds upon the current LTC LCS model of care and seeks to involve the wider community in providing holistic, personalised care.
- 3.2. We have a strong aspiration for this LTC model of care to continue to be expanded across Camden and similar long term condition pathways be revisited to deliver care in different, more efficient and effective ways.
- 3.3. We are exploring how we can deliver this model of care within Camden's Family Hub sites to further expand on partnership working.
- 3.4. Our delivery pilot also includes conducting this workshop at Swiss Cottage Special Educational Needs School, targeting all students living in Camden with asthma attending the school.
- 3.5. In collaboration with Arsenal Community, we have jointly produced an educational video featuring a professional Arsenal player who lives with asthma, which we feature during the Community Asthma Group Consultations.

- 3.6. By integrating the insights and recommendations from the Fuller Stocktake Report, primary care initiatives such as group education can be further enhanced to promote community engagement, preventive care, and population health management. This comprehensive approach underscores the importance of neighbourhood working in healthcare as a key strategy for improving healthcare outcomes and addressing health inequalities at the local level.

4. Lessons Learnt so Far

- 4.1. We have been developing and refining processes to capture key activity, outcome, and experience measures.
- 4.2. Qualitative data: At each workshop delivery, both patient and professional feedback will be gathered to assess and review areas identified for improvement.
- 4.3. QOL questionnaire results are reviewed for additional needs, which may be escalated to the IPS MDM for further external support, including Early Help and local authority housing assistance.
- 4.4. Quantitative data: ACT scores are revisited after four weeks to evaluate improvements in asthma care.
- 4.5. Quantitative data: LTC high-risk searches are conducted at three-month and six-month intervals to identify any patients who have or have not dropped off the high-risk list.
- 4.6. Professional and patient feedback indicated the necessity to shorten the duration of our group sessions and enhance interactivity to ensure sustained engagement among children and young participants. We are currently exploring ways to integrate additional interactive activities into our group teaching sessions to augment their effectiveness.
- 4.7. We have observed the tangible benefits of our collaborative integrated efforts during Community Asthma Group Consultations. This partnership-driven approach allows us to consolidate resources effectively and reduce duplication of work while enhancing patient support coordination. Notably, the collaboration between primary and secondary care ensures more streamlined and joint support for patients.
- 4.8. Moreover, these efforts yield practical advantages for children, young people, and families. By consolidating resources, we can remove potential barriers for parents, such as reducing the time and cost of traveling to health appointments. This streamlined approach also minimises school time lost to attending multiple appointments, allowing for more clinic appointments to be covered in a single community consultation session. Moreover, this model adopts a proactive approach to care, we aim to further reduce barriers to healthcare access by GP practices actively reaching out to patients and inviting them to participate in these consultations, as part of this model of

care. The partnership between primary and secondary care maximises the efficiency of care delivery, and neighbourhood working provides further opportunities for resource combination. For example, our Secondary care asthma nurses can conduct comprehensive asthma follow-up reviews. Additionally, individuals with specific needs, like housing concerns, can be seamlessly escalated to the IPS MDM for further external support, including Early Help and local authority housing assistance. This integrated neighbourhood model ensures efficient information gathering and sharing.

5. Next Steps

- 5.1. One of five consultations have so far been delivered, with the intention of a further four sessions being delivered in Q1 and Q2 of 2024 across North Camden Primary Care Network (PCN).
- 5.2. Our delivery pilot also includes conducting one workshop at Swiss Cottage Special Educational Needs School, targeting all students living in Camden with asthma attending the school.
- 5.3. North Camden PCN has been forging ahead with delivering as an integrated neighbourhood team in many projects including this one. So far, this has been done with limited system support, enabling project delivery by aligning with wider work. (Further detail is provided in a document at Appendix B). Having the Roy Shaw as a hub to deliver has been crucial to this model. Further conversations are in train around system support to explore expanding the scheme, and delivering sustainably.

6. Broader Learning

- 6.1. This care model is an enhanced service and extension of the LTC LCS model which draws inspiration from the LTC “mega clinic” model led by Dr Tom Aslan GP and PCN Clinical Director in North Camden. The delivery model of Community Group Consultations can be adapted for other long-term conditions affecting children and young people, such as diabetes, obesity, depression, and epilepsy.

7. Finance Comments of the Executive Director Corporate Services

The Director of Finance has been consulted on the content of this report and has no comment to make.

8. Legal Comments of the Borough Solicitor

The Borough Solicitor has been consulted on this report and has no comment to add.

9. Environmental Implications

The contents of this report have no environmental implications.

10. **Appendices**

Appendix A: System Transformation: North Camden Asthma Pilot Slides

REPORT ENDS